

# Mental Health of children and young people 0 – 25 years

Health & Adult Social Care Scrutiny  
Commission

September 2020

# The review has two cross cutting issues:

- BAME, given the poorer mental health outcomes for BAME people
- Male, given higher suicide rates

# Background

- The Health and Wellbeing Board (HWBB) has a shared contribution to seek an increase in access for mental health and well being support for children and young people in Southwark. To this end, they have set themselves a challenging target to achieve a 100% 'reach' for appropriate and timely support for those requiring intervention and wish to ensure that those groups identified with higher risk factors are specifically targeted within this reach objective.

# To achieve this the HWBB has

- Established the 'Southwark Child and Adolescent Mental Health Commission' .
- Commissioned statutory, as well as additional, CAMHS services.
- Refined KOOTH, an online digital offer of counselling and signposting introduced to Southwark in 2019, initially targeting 11 – 19 year olds, and moving to support young people up to age 25.
- Developed wellbeing and mental health services, in schools, using an additional 2 million funding from the Council.
- Delivered an Open Access Service, The Nest, to support self help, group support and 121 sessions for children, young people and their families. In response to the COVID pandemic, The Nest mobilised and launched a remote service, in May, offering coaching and therapeutic support either through phone or video calls to young people aged 13 - 25 throughout lockdown. 23. As lockdown has eased The Nest has made the transition from remote to socially distanced face to face delivery having moved into new premises on Rye Lane, Peckham.

# Prevalence

- Nationally 1 in 10 children and young people are estimated to have a clinically diagnosed mental health disorder. This prevalence rate translates to approximately 6,228 children and young people in Southwark aged 0 to 17

# Racial disparities in mental health \*

(evidence from Black Thrive and 'Racial disparities in mental health: Literature and evidence review', Race Equality Foundation 2019)

- **black and minority ethnic communities are at comparatively higher risk of mental ill health**, and disproportionately impacted by social and wider detriments associated with mental ill health, including deprivation and racism.
- **black and minority ethnic communities are more likely to end up crisis care.** Black and minority ethnic people are 40 percent more likely to access mental health services via the criminal justice system than white people.
- **black and minority ethnic people are less likely to be referred to talking therapies and more likely to be medicated for ill mental health.**
- **black and minority ethnic people want the impact of racism and wider inequalities on their mental health to be addressed in the treatment for their mental illness and in preventative work.** Some work suggests that matching the cultural, linguistic religious and/or racial identity between service users and practitioners can improve treatment duration and outcomes.
- **people from African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than any other group.** There are concerns that over diagnosis and incorrect diagnosis of psychosis can negatively impact on treatment trajectory.

# Data on accessibility of Southwark Mental Health services by ethnicity and sex

- **Black people are disproportionality sectioned**
- **There is an under representation of the BAME population in SLaM CAMHS provision.** This group makes up 59% of Southwark's population, but only 42.4% of patients (under the age of 18).
- **KOOTH data shows that their reach within BAME communities is better than SLaM (BAME 66.6%/ White 33.3%).** This is consistent with the national trend for children & young people of BAME origin to access online support as a preference. However, it is not clear if this is due to a lack of appropriate statutory provision or if other factors are at play.
- **Males are more likely to be sectioned**
- **There is higher representation of males than females (56.8%/43.1%) accessing SLaM CAMHS** which is consistent with reporting of females being better able to 'disguise' their mental health difficulties, but which typically results in a high level of need as and when they present to services.
- **KOOTH data shows a much higher representation of females to males,** and a very high percentage of those identifying as 'other'.
- **The overwhelming majority of suicides in Southwark occur among men, mirroring the national picture.** In 2013-15, just over four out of five local suicides were among men. In Southwark, the rate of suicide is highest among those in middle age, mirroring the national pattern. Deaths among those aged between 40 and 59 in Southwark account for approximately half of all suicides in the borough.

# Recommendations

A Take action on better collation of data on sex and different black and minority ethnic groups' usage of mental health services, including CAMHS, the work that Southwark will fund in schools and the Open Access Service, to enable specific research and actions to address barriers to accessing services by the BAME community and ensure equitable access by sex and gender.

B Provide better access to talking therapies according to local need, and engagement with black and minority ethnic communities to ensure the therapies are culturally appropriate and geographically accessible

C Adopt a Race Equality Framework in the delivery of Southwark 100 % universal reach target.